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FACSIMILE TRANSMITTAL

October 26, 2005

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To:	Examiner Edmund Lee	Telephone No.:	(571) 272-1204
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From:	Stephanie Scruggs, Swidler Berlin LLP		
Account #:	20002.0057 (09/482,338)		
Telephone No.:	(202) 424-7755		
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Total # of Pages:	12		

Message: Examiner Lee,

Further to your recent communications regarding this application, please find attached the Terminal Disclaimer and associated Response and transmittal forms filed today in this matter.

Stephanie Scruggs, Reg. No. 54,432

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of: J. CALABRIA *et al.*

Attorney Docket No: 20002.0057

Application No.: 09/482,338

Group Art Unit: 1732

Filed: January 14, 2000

Examiner: Edmund H. Lee

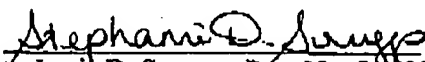
For: METHOD FOR FORMING GOLF BALL WITH POLYURETHANE

CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8

I hereby certify that the following correspondence for Application No. 09/482,338 is being facsimile transmitted to the United States Patent and Trademark Office at (571) 273-8300 (official fax number) on October 26, 2005.


1. Transmittal (1 page)
2. Fee Transmittal (1 page)
3. Supplemental Response to Final Office Action (6 pages)
4. Terminal Disclaimer (2 pages)
5. Certificate of Transmission (1 page)

Total Pages Submitted: 11


Stephanie D. Scruggs, Reg. No. 54,432

PTO/SB/21 (08-03)
 Approved for use through 07/31/2006. OMB 0651-0031
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	09/482,338
		Filing Date	January 14, 2000
		First Named Inventor	J. CALABRIA
		Art Unit	1732
		Examiner Name	E. Lee
Total Number of Pages In This Submission	11	Attorney Docket Number	20002.0057

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) ____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Certificate of Transmission
Remarks		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Stephanie D. Scruggs, Reg. No. 54,432 Swidler Berlin LLP	
Signature		
Date	October 26, 2005	

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name			
Signature		Date	

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
FEE TRANSMITTAL for FY 2005		Application Number	08/482,338
		Filing Date	January 14, 2000
		First Named Inventor	J. CALABRIA
		Examiner Name	E. Lee
		Art Unit	1732
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	20002.0057
TOTAL AMOUNT OF PAYMENT (\$) 130.00			

METHOD OF PAYMENT (check all that apply)							
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify) : _____							
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 19-5127 Deposit Account Name: Swidler Berlin, LLP							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
<input checked="" type="checkbox"/> Charge fee(s) indicated below				<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee			
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s)				<input checked="" type="checkbox"/> Credit any overpayments			
Under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES <u>Small Entity</u>		SEARCH FEES <u>Small Entity</u>		EXAMINATION FEES <u>Small Entity</u>		
<u>Application Type</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fees Paid (\$)</u>
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____
2. EXCESS CLAIM FEES							
Fee Description						Small Entity Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)						50	25
Each independent claim over 30 (including Reissues)						200	100
Multiple dependent claims						360	180
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		
_____ -20 or HP= _____ x _____ = _____				Fee (\$) Fee Paid (\$)			
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)			
_____ -3 or HP= _____ x _____ = _____							
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____							
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)						Fees Paid (\$)	
Other (e.g., late filing surcharge): Terminal Disclaimer (\$130)						130.00	

SUBMITTED BY			
Signature	Stephanie D. Scruggs	Registration No. (Attorney/Agent)	54,432
Name (Print/Type)	Stephanie D. Scruggs	Telephone	(202) 424-7500
		Date	January 21, 2005

This collection of information is required by 37 CFR 1.130. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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